



**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	10/770,517
Filing Date	February 4, 2004
First Named Inventor	ELSEGOOD, Christopher J.
Title	ULTRAVIOLET WATER TREATMENT
Art Unit	1723
Examiner Name	
Attorney Docket Number	PAT 55563-2

I hereby appoint:

☒ Practitioners associated with the Customer Number:

26123

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Christopher J. Elsegood

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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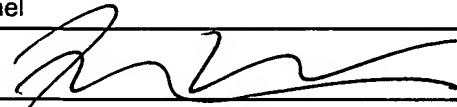
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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number: 26123		OR <input type="checkbox"/>		Correspondence address below	
Name							
Address							
City				State		ZIP	
Country			Telephone		Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Christopher J.				Family Name or Surname ELSEGOOD			
Inventor's Signature <i>Christopher J. Elsgood</i>						Date 06/25/04	
Residence: City Bayfield		State Ontario		Country Canada		Citizenship Canadian	
Mailing Address 76725 Wildwood Line							
City Bayfield		State Ontario		ZIP N0M 1G0		Country Canada	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Robert Joseph				Family Name or Surname DRYSDALE			
Inventor's Signature <i>R. Drysdale</i>						Date 06/25/04	
Residence: City Goderich		State Ontario		Country Canada		Citizenship Canadian	
Mailing Address 373 Eldon Street							
City Goderich		State Ontario		ZIP N7A 4K7		Country Canada	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

OTPE JC98  
JUN 30 2004  
INFLUENCE

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet PAT 55563-2 Page <u>1</u> of <u>1</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
L. Michael		ROBERTS	
Inventor's Signature 		Date <u>25 JUN 2004</u>	
Residence: City	State	Country	Citizenship
Goderich	Ontario	Canada	Canadian
Mailing Address 56A Stanley Street			
Mailing Address			
City	State	Zip	Country
Goderich	Ontario	N7A 3K5	Canada
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
			Can
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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